

Virginia Department of Taxation

Substitute Forms Specifications

500ES – Estimated Income Tax Payment Voucher - Corporate

*Attention: All 500ES payments and vouchers / returns must be made electronically.
Paper vouchers are only allowed for customers with an approved waiver.*

Special Notes

- Document ID – 501
- Barcode – No
- Rounding – Yes; the length of 15 for numeric fields includes the 2 places for the “.00” rounded cents.
- Due Date – See the [Corporation Tax Forms section](#) for details regarding Form 500ES due dates.
- Neither the OCR Line nor the Account Number field may contain dashes or hyphens (-).
- Review the instructions provided via the [main Forms page](#) when computations are required and/or when amount/numbers must be transferred to/from another form.

Use the [Check Digit Calculator](#) to determine the correct digit used in the applicable section of the OCR Line.

OCR Table

Example – 35XXXXXXXXX1001D 501VVVV 1YYMMD NN

Section	Length	Position	Format / Data	Description / Details
Tax Code	2	Col. 6, Row 52	Numeric	35
FEIN	9		Numeric	XXXXXXXXX = 9 digits or V with 8 digits
External ID Type	1		Numeric	1 = indicates the 9 digits before it as the FEIN
Account Suffix	3		Numeric	001
Check Digit (for Account Number)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Doc ID	3		Numeric	501
Vendor ID	4		Numeric	VVVV = 4 digits of the NACTP Vendor ID code
Blank Space	1		N/A	
Filing Period	5		Date (1YYMM)	Ending date of the Filing Period 1 = Century, YY = Tax Year, MM = Month
Check Digit (for Filing Period)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Voucher Number	2		Numeric	NN = 01, 02, 03 or 04

Form Table

Field	Length	Justified / Position	Format	Negative Allowed?	Description / Details
Voucher Number	1	Right	Numeric	N/A	1, 2, 3 or 4
OCR Line	34	Col. 6, Row 52	Numeric	N/A	See OCR Table for details
VA Account Number	15	Left	Alphanumeric	N/A	35XXXXXXXXXF001 35 = Tax Code, XXXXXXXXXXXX = FEIN, F001 = ID Type & Account Suffix
For mo./yr. ending	10	Left	Date	N/A	MM/YYYY
Name of Corporation	40	Left	Alphanumeric	N/A	Name of customer
Federal Employer's ID Number	9	Left	Alphanumeric	N/A	9 digits or V with 8 digits
Address (Number & Street)	40	Left	Alphanumeric	N/A	Street address of customer
City, State & ZIP Code	52	Left	Alphanumeric	N/A	City, State Abbreviation & ZIP Code of customer
Line 1	15	Right	Numeric	No	Amount
Line 2	15	Right	Numeric	No	Amount

5 1 5 2 5 3 5 4 5 5 6 5 7 5 8
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
5 10 5 20

5 **Form 500ES** **Virginia Estimated Tax Declaration For Corporations** **VOUCHER 2**
(DOC ID 501) Virginia Department of Taxation
P.O. Box 1500, Richmond, VA 23218-1500
(804) 367-8037

Attention: Payment must be made electronically using eForms, Business iFile or with an ACH credit from your bank. Use this voucher only if you have an approved waiver.

30 000000000000000000 5010000 000000 02 30

VA Account Number 35- For mo./yr. ending _____

Name of corporation _____ FEIN _____
Address (Number and street) _____
Address continued _____
City, State, and ZIP Code _____

1. Estimated tax for the year \$.00
2. Amount of this payment..... \$.00
--- Do not write below this line. ---

I declare that this declaration has been examined by me and to the best of my knowledge and belief, it is true, correct, and complete.

Signature _____ Date _____ Phone _____

5 **Form 500ES** **Virginia Estimated Tax Declaration For Corporations** **VOUCHER 1**
(DOC ID 501) Virginia Department of Taxation
P.O. Box 1500, Richmond, VA 23218-1500
(804) 367-8037

Attention: Payment must be made electronically using eForms, Business iFile or with an ACH credit from your bank. Use this voucher only if you have an approved waiver.

50 000000000000000000 5010000 000000 01 50

VA Account Number 35- For mo./yr. ending _____

Name of corporation _____ FEIN _____
Address (Number and street) _____
Address continued _____
City, State, and ZIP Code _____

1. Estimated tax for the year \$.00
2. Amount of this payment..... \$.00
--- Do not write below this line. ---

I declare that this declaration has been examined by me and to the best of my knowledge and belief, it is true, correct, and complete.

Signature 1 2 3 4 5 6 7 8
0 0 0 0 0 0 0 0 Date 0 0 0 Phone 0 0 0

5 1 5 2 5 3 5 4 5 5 6 5 7 5 8
0 0 0 0 0 0 0 0 0 0 0 0 0 0
5 10 5 20

Form 500ES
(DOC ID 501)

Virginia Estimated Tax Declaration For Corporations
Virginia Department of Taxation
P.O. Box 1500, Richmond, VA 23218-1500
(804) 367-8037

VOUCHER 4

Attention: Payment must be made electronically using eForms, Business iFile or with an ACH credit from your bank. Use this voucher only if you have an approved waiver.

30 000000000000000000 5010000 000000 04 30

VA Account Number 35- For mo./yr. ending _____

Name of corporation _____ FEIN _____
Address (Number and street) _____
Address continued _____
City, State, and ZIP Code _____

1. Estimated tax for the year \$
2. Amount of this payment..... \$

.00
.00
-- Do not write below this line. --

I declare that this declaration has been examined by me and to the best of my knowledge and belief, it is true, correct and complete.

Signature _____ Date _____ Phone _____

Form 500ES
(DOC ID 501)

Virginia Estimated Tax Declaration For Corporations
Virginia Department of Taxation
P.O. Box 1500, Richmond, VA 23218-1500
(804) 367-8037

VOUCHER 3

Attention: Payment must be made electronically using eForms, Business iFile or with an ACH credit from your bank. Use this voucher only if you have an approved waiver.

50 000000000000000000 5010000 000000 03 50

VA Account Number 35- For mo./yr. ending _____

Name of corporation _____ FEIN _____
Address (Number and street) _____
Address continued _____
City, State, and ZIP Code _____

1. Estimated tax for the year \$
2. Amount of this payment..... \$

.00
.00
-- Do not write below this line. --

I declare that this declaration has been examined by me and to the best of my knowledge and belief, it is true, correct, and complete.

Signature _____ Date _____ Phone _____

5 1 5 2 5 3 5 4 5 5 6 5 7 5 8
0 0 0 0 0 0 0 0 0 0 0 0 0 0